

**Washington County Assessor**  
**87 North 200 East St. George, Utah 84770 \* (435) 634-5703\*Fax (435) 652-5887**  
**HOMEOWNER'S QUESTIONNAIRE**



Name of Person Completing this form: \_\_\_\_\_

Owner: \_\_\_\_\_

Other: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

**PROPERTY SERIAL NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

Appraised by: \_\_\_\_\_

Account updated? **YES / NO**

1. Is this your primary residence? ( ) Yes ( ) No ( ) Rental

2. Estimate living area square footage (not basement area). \_\_\_\_\_

3. Total room count (Excluding basement rooms) - Indicate number of each room:

\_\_\_\_ Living Room      \_\_\_\_ Kitchen      \_\_\_\_ Utility      \_\_\_\_ Storage  
\_\_\_\_ Family Room      \_\_\_\_ Dining Room      \_\_\_\_ Den/Office      \_\_\_\_ Media

4. Bedrooms above grade \_\_\_\_\_ Bedrooms in basement \_\_\_\_\_

5. Total number of baths. All levels and basement \_\_\_\_\_

6. Indicate number of plumbing fixtures per bathroom.

\_\_\_\_ Bathroom with 1 sink / 1 toilet  
\_\_\_\_ Bathroom with 1 sink / 1 toilet / 1 tub/shower combo  
\_\_\_\_ Bathroom with 1 sink / 1 toilet / 1 shower / 1 tub (jetted or standard)  
\_\_\_\_ Bathroom with 2 sinks / 1 toilet / 1 tub/shower combo  
\_\_\_\_ Bathroom with 2 sinks / 1 toilet / 1 shower / 1 tub (jetted or standard)

7. Total plumbing fixtures? Indicate number of each.

\_\_\_\_ Kitchen Sinks      \_\_\_\_ Laundry Sinks      \_\_\_\_ Other  
\_\_\_\_ Laundry Hookups      \_\_\_\_ Water Heater      \_\_\_\_ Water Softener

8. Total built-in appliances? - Indicate number of each

\_\_\_\_ Dishwasher      \_\_\_\_ Cooktop      \_\_\_\_ Hood and Fan  
\_\_\_\_ Garbage Disposal      \_\_\_\_ Wall oven      \_\_\_\_ Trash Compactor  
\_\_\_\_ Microwave oven      \_\_\_\_ Range      \_\_\_\_ Central Vac

9. Type of counter tops (Formica, Corian, granite, tile, etc.)

Kitchen \_\_\_\_\_ Master Bath \_\_\_\_\_

Additional Baths \_\_\_\_\_

10. Check type of interior floor coverings:

( ) Carpet      ( ) Hardwood      ( ) Natural Stone  
( ) Tile      ( ) Vinyl      ( ) Other \_\_\_\_\_

11. Ceiling height of first floor living area ? ( ) 8' ( ) 9' ( ) 10'  
( ) Other specify height \_\_\_\_\_

12. Number of direct vent fireplaces? (no chimney) \_\_\_\_\_  
Number of fireplaces with chimney? \_\_\_\_\_  
Wood burning or pellet stove? \_\_\_\_\_

13. Check item that best describes the heating system in your home:

( ) Gas furnace      ( ) Oil furnace  
( ) Hot water baseboard      ( ) Ground Source  
( ) Heat pump      ( ) Solar panels  
( ) Radiant      ( ) Other \_\_\_\_\_

14. Describe cooling system (exclude window cooler):

( ) Central Air  
( ) Evaporative  
( ) Evaporative w/ducts  
( ) None

15. Estimate basement square footage \_\_\_\_\_

16. Check item describing basement in your home:  
( ) Full Basement ( ) Half basement ( ) None  
If walkout please check ( ) No. of entrances \_\_\_\_\_

17. Basement ceiling height ? ( ) 8' ( ) 9' ( ) 10'

18. Of the above basement area, percent finished?  
( ) 0% ( ) 25% ( ) 50% ( ) 75% ( ) 100%

19. Does the basement have a Kitchen? ( ) Yes ( ) No  
Kitchenette? ( ) Yes ( ) No

20. Do you have a bonus room above garage? ( ) Yes ( ) No  
Is it finished living area? ( ) Yes ( ) No

21. Do you have an in ground swimming pool? ( ) Yes ( ) No  
Is there a spa built into pool? ( ) Yes ( ) No  
In ground spa only? ( ) Yes ( ) No

22. Have you remodeled or added to the property?  
( ) Yes ( ) No If yes, what year? \_\_\_\_\_ Describe work done.  
\_\_\_\_\_

23. Who did you purchase the home from? (Within the last 3 years)  
\_\_\_\_ Developer      \_\_\_\_ Contractor      \_\_\_\_ Real estate company  
\_\_\_\_ Family member      \_\_\_\_ Owner      \_\_\_\_ Bank      \_\_\_\_ Other

Date of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

24. If home not purchased, did you have the home built? ( ) Yes ( ) No  
Self? ( ) Yes ( ) No Contractor ( ) Yes ( ) No

Date home construction was complete \_\_\_\_\_

Construction Costs (building only) \$ \_\_\_\_\_

Land purchase price \$ \_\_\_\_\_ Date \_\_\_\_\_

25. Did the sales price/construction costs include the following?

Landscape/Sprinklers ( ) Yes ( ) No \_\_\_\_ Front \_\_\_\_ Back

Fencing ( ) Yes ( ) No \_\_\_\_ Sides \_\_\_\_ Back

26. Was there any personal property included in the sale? (Furniture, water rights, etc.) \_\_\_\_\_

If so, amount \$ \_\_\_\_\_